



**SURVEILLANCE SEROLOGY REQUEST  
HIV, HEPATITIS B/C, SYPHILIS SAMPLE SUBMISSION**

State Form 53762 (11-08)  
CLIA Certified Laboratory #15D0662599

INDIANA STATE DEPARTMENT OF HEALTH  
LABORATORIES  
550 W. 16<sup>TH</sup> STREET, SUITE B  
INDIANAPOLIS, IN 46202-2203  
(317) 921-5858

**SECTION 1. PATIENT DEMOGRAPHICS**

\_\_\_\_\_  
Last Name First Name MI Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Patient ID OPSCAN City / County of Residence State ZIP Code

**Race:**

- Asian  White  
 Black or African American  Multiracial  
 American Indian or Alaska Native  Other  
 Native Hawaiian or Other Pacific Islander  Unknown

**Ethnicity:**

- Hispanic or Latino  Not Hispanic or Latino

Unknown

**Sex:**

- Male  Female  Unknown  
Pregnant  Yes  No

**SECTION 2. SPECIMEN INFORMATION**

Blood  Serum  Oral Fluid  CSF Date collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 3. TEST SELECTION**

- HIV Screening  HIV Confirmatory (For previous rapid test positive only. Date of test \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Hepatitis B  Hepatitis C  
 Perinatal Hepatitis B ( Immunized infant born to prenatal positive mother  Household/Sexual contact)  
 Syphilis Screening  Syphilis Confirmatory

**SECTION 4. REASON FOR TEST**

- Refugee Screening  Correctional Screening  Injection Drug User  Outbreak Investigation

Hepatitis:  Immune status ( Patient  Staff  Post Exposure)  
 Recent Infection  Exposure  Suspected carrier

Syphilis:  Screening  Prenatal Screening  Follow-up

**SECTION 5. SUBMITTER INFORMATION**

\_\_\_\_\_  
Submitting Organization Staff Name

\_\_\_\_\_  
Phone Fax E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

HIV Label

Syphilis Label

Hepatitis Label

## **SPECIMEN COLLECTION**

- 1. Submit at least 3ml of serum in a screw-capped serum tube. Alternatively collect at least 7-10ml of whole blood in a red top venipuncture or serum separator tube. Label the specimen tube with patient identifier and collection date. Specimens without a patient ID or collection date will be considered unsatisfactory and will not be tested.**
- 2. Complete all sections 1 through 5 on the reverse side of this form in ink. Patient ID and collection date must match those recorded on the specimen tube. The submitter address to which the results are to be sent including zip code, *must* be included, as well as the requested test type. Any incomplete information will cause significant delays in receiving results.**

## **SPECIMEN PACKAGING AND SHIPMENT**

**Note: Specimens should be refrigerated at 4°C if held prior to shipping.**

**Serum or whole blood in serum separator tubes may be shipped at ambient temperature. Shipping whole blood in red top tubes at ambient temperature may result in hemolysis and a specimen unsatisfactory for testing.**

- 1. Use a UN3373 Biological Substance, Category B shipping container or container 1B HIV, 5B Syphilis or 11B Hepatitis, containers provided by ISDH. ISDH containers may be obtained by phoning (317) 921-5875.**
- 2. Place documents in outer container or in plastic bag to prevent contamination from specimen. All specimens may be shipped on cold pack if possible.**
- 3. Specimens should be shipped to arrive at ISDH Monday through Friday. Shipping specimens which will be in transit during the weekend or holiday is not recommended.**
- 4. Complete the pre-addressed mailing label and affix to the outer mailer with a return address. Please use the above packing instructions to assure compliance with USPS and D.O.T. shipping regulations and to minimize breakage and leakage of the specimen. Broken or leaking specimens present a biohazard and cannot be tested.**
- 5. Specimens submitted by courier should be packaged securely to prevent breakage. loose specimens in Ziploc bags increase the chance of breakage and biohazard exposure.**

**DIRECT QUESTIONS TO: 317-921-5858**

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